



**SY 2019-2020
Student Residency Verification Form**

(Required to be completed by suburban residents ANNUALLY prior to September 1st)

(School Name)

(School Address)

Phone # Fax #

This section must be completed by parent/guardian (please print):

Name of Student: _____ 2019-20 Grade: _____ DOB: _____

Parent/Guardian Name: _____

Address: _____ Town: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Email: _____

The above information is correct and accurate.

Parent/Guardian Signature *Date*

This section must be completed by the School District in the town in which your child resides. Please contact your town Board of Education office to arrange a time for them to complete this form.

This verifies that _____ resides in the _____ School District.

Signature of District Official/Residency Officer: _____

Print Name: _____ Phone Number: _____

Date: _____ Email: _____

[District Stamp]

This form must be returned to (School Name) or scanned and emailed to (email) or residencyverification@crec.org

To be completed by school office:

Date received: _____ Date entered into PowerSchool: _____ Date scanned to Business Services: _____

 Student Name
2019-2020**Formulario de Verificación de Residencia del Estudiante**
 (Requerido ser completado ANUALMENTE por residentes suburbanos antes del 1 de
 septiembre)
(School Name)

(School Address)

Phone # Fax #

Esta sección debe ser completada por el padre/tutor legal (por favor escriba):

Nombre del estudiante: _____ Grado 2019-20 _____ Fecha de Nacimiento: _____

Nombre del Padre/Tutor Legal: _____

Dirección: _____ Ciudad/Pueblo: _____ Código Postal: _____

Tel del Hogar: _____ Tel Celular: _____

Tel del Trabajo: _____ Correo Electrónico (Email): _____

La información anterior es correcta y exacta.

*Firma del Padre/Tutor Legal*_____
Fecha
Esta sección debe ser completada por el distrito escolar en el pueblo donde reside su hijo(a). Por favor póngase en contacto con la Junta de Educación de su pueblo para fijar una fecha para completar este formulario.

This verifies that _____ resides in the _____ School District.

Signature of District Official/Residency Officer: _____

Print Name: _____ Phone Number: _____

Date: _____ Correo Electrónico (Email): _____

[District Stamp Below]
 This form must be returned to **(School Name)** or
 scanned to **(email)** or emailed to residencyverification@crec.org.

Para completarse por la oficina de la escuela:

Fecha recibido: _____ Fecha Registrado en PowerSchool: _____ Fecha enviado por scan a Business Services: _____